

Registration District No. 120 Primary Registration District No. 4199

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Senary
(b) City or town McFall
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Senary Side (Specify whether)
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County Senary 38
(c) City or town McFall
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3: (a) PRINT FULL NAME Virginia Leta Carson
3. (b) If veteran, name war
3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 5 day 16
year 1948 hour 3 minute _____ P. M.
21. I hereby certify that I attended the deceased from _____, 19____, to 5-16- 1948;
that I last saw her alive on 5-16- 1948;
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race w
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Harry Carson
6. (c) Age of husband or wife if alive 53 years
7. Birth date of deceased may 22 - 1899
(Month) (Day) (Year)

Immediate cause of death Acute Cardiac dilatation 1 day
Cardiac Asthma 6 mo.
Due to _____
Due to _____

8. AGE: Years Months Days If less than one day
48 11 24 hr. min.

Other conditions (include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy _____

9. Birthplace Unknown MO
(City, town, or county) (State or foreign country)
10. Usual occupation House wife

11. Industry or business _____
12. Name Robert Pulsifer
13. Birthplace Senary Co MO 0
(City, town, or county) (State or foreign country)
14. Maiden name Ida Heath
15. Birthplace MO 0
(City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.
95

16. (a) Informant Mr Ida Pulsifer
(b) Address McFall MD
17. (a) Burial (b) Date thereof may 18 48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation McFall MD

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? _____ (Specify type of place) Means of injury _____

18. (a) Signature of funeral director Robert V. Durham
(b) Address Pattonburg MO
19. (a) June 9-1948 (b) John H. White
(Date received local registrar) (Registrar's signature)

23. Signature C. J. Pray (M.D. or other)
Address Albany MO Date signed 5-17-48

JS
SEP 22 1964

DISTRICT HEALTH OFFICE
Cameron, Mo.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Robert V. Dunham....., Registered Apprentice No. 50
working under my personal supervision.

Signed R. V. Dunham.....

Licensed Embalmer No. 2857.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.